Montreal Children's Hospital

Resident Survival Guide

2012-2013

Brought to you by:

McGill Pediatric Resident Wellness Committee

Contents

General Program Information

Description of the program

The McGill University Pediatric Residency Training program is fully accredited by the Royal College of Physicians and Surgeons of Canada, le Collège des médecins du Québec, and complies with the requirements for admission of candidates to the certification process of the American Board of Pediatrics. Our program provides full training in pediatrics, as outlined in the Objectives of Training and Specialty Training Requirements (see information by specialty:
http://rcpsc.medical.org/information/index.php?specialty / in English and
http://crmcc.medical.org/information/index.php in French).
Our program's Mission Statement, Core learning objectives and learning objectives for R4 are each available on one45.
Note also that all rotations have rotation specific educational objectives of training, currently available at http://www.mcgill.ca/peds/residencyprogram/rotation. Updated rotation objectives will be posted on one45 in the fall of 2012.

Training overview

Canadian trained residents generally enter training in pediatrics directly from medical school. Visa-sponsored trainees from the Gulf States normally have at least one year of training in pediatrics in their home country prior to entry into the program; this time is not counted towards their training in Canada.

Training is currently divided into 3 core years of pediatrics, undertaken by all trainees, followed by a fourth year of pediatrics or entry into a subspecialization program. The fourth year of training is designed to consolidate the competencies developed in the core training, in order to lead to independent practice. Following their fourth year, trainees in general pediatrics may apply to one of the following fellowships: Academic Pediatrics, Social Pediatrics or Neonatal Follow-up. Information relative to advanced pediatric fellowships is available at :
http://www.mcgill.ca/peds/residencyprogram/advancedpediatrictrainingopportunities

The three core years of training aim to give trainees a solid foundation in the breadth of pediatrics, including adequate exposure to general pediatrics, acute care pediatrics (NICU, PICU, and ER), subspecialties, and longitudinal care.

The **first year of training** is mostly devoted to provide exposure to general pediatrics. Residents acquire major experience with inpatient pediatrics, rapidly become comfortable with acute care neonatology and get exposure to the care of the critically ill child through the pediatric intensive care and Emergency medicine rotations. Outpatient exposures include medical day hospital, developmental pediatrics, community pediatrics, social pediatrics and

the Residents' Continuity Clinic. Four weeks of ward junior night float complete the first year of training. The general philosophy of the programming of this year is to have residents gain rapid comfort in the assessment and preliminary treatment of the ill child in preparation for the significant autonomous functioning that occurs starting in the second year with the senior nightfloat rotation.

The **second year of training** continues with increased graded responsibility in the areas described above, but with significant elective time. For the elective time, priority is given to candidates' career choices, as this is the time when most will need to make decisions about fellowship programs for their fourth and fifth years. The ward senior nightfloat rotation (night duty on the general pediatrics wards) is usually the first rotation where residents' capacity for autonomous function in a supervisory role is significantly challenged. 9C (NICU) night float is also done during R2. The general philosophy of the programming of this year is to provide subspecialty electives to aid the resident in career planning and to develop and exercise skills in autonomous function.

The **third year of training** includes three months as the senior on the general inpatient Clinical Teaching Units (CTUs). This experience could be characterized as the apex of the three core years of training. Residents function as the team leader for a diverse group of residents and students, under the tutelage of a staff physician, and consolidate their judgment, leadership, and teaching skills. In all of the environments where they rotate, the graded responsibility is appropriately increased to reflect their more senior level. 9D (PICU) nightfloat is performed during the third year. The general philosophy of the programming of this year is to develop skills in executive function (leadership, decision making), teaching (an important part of the specialist's job), and excellence in clinical care.

As per Quebec governmental requirements, there are three mandatory months of rotations in non-university centers in the three core years of training, which are usually completed in Gatineau and/or Val d'Or. Other sites from our sister programs, such as St-Hyacynthe (Université de Sherbrooke) are also possible, availability allowing. A new rural rotation is also available for Québec-funded R3s in Chisasibi, which provides exposure to the local Cree population. Residents in their fourth year have a mandatory community or rural pediatrics rotation as well. Each of these rotations provides a rich experience and a unique perspective on the diversity of practice of Pediatrics consultants in non-university centers.

The Curriculum

The Basics

The Montreal Children's Hospital Pediatric Residency Program is a 4-year program fully accredited by the Royal College of Physicians and Surgeons of Canada and by the Collège des Médecins du Québec.

The **first year** exposes residents to the breadth of general pediatrics. Residents assume progressive amounts of responsibility over the year and acquire relevant skills in the assessment and practice of pediatrics.
Schedule for PGY-1: In-patient wards (12), Neonatology/Perinatology (8),
Emergency Medicine (6), Medical Day Hospital/Peds Consult (4), PICU (4), Rural Pediatrics (4), Social Pediatrics (4), Anaesthesia (2), Developmental Pediatrics (4), ward junior nightfloat (4).

The **second year** encourages exposure and interest in subspecialty fields. Required rotations consolidate core pediatric skills and knowledge gained in the first year. Schedule for PGY-2: Emergency (4), ward senior Night float (4), NICU (4), PICU (4), Rural Pediatrics (4), Subspecialty electives (20-28), 9C (NICU) nightfloat (1-2) Research (0-4)

The **third year** provides significant managerial roles for the pediatric resident. S/he will supervise the medical wards, assume senior resuscitation roles in the ED, and have the opportunity to round out exposure to subspecialty electives.
Schedule for PGY-3: In-patient wards (12), NICU (8), 9D (PICU) Night float (2), Emergency (4), Subspecialty electives (12), Rural Pediatrics (4), Research (0-4)

In Training Assessments

Summative:
Monthly assessments (ITER): rotation supervisors evaluate resident performance every month (midway and end of rotation). Written and verbal feedback is provided at the end of every rotation.

Semi-annual assessment ("6 months review"): meeting with the program director to review the previous six months rotations, performance in the various in-training evaluations and discuss training and career planning. Attendance to mandatory teaching is part of the review. The program coordinator sends a brief questionnaire to each resident in order to self-prepare for this meeting.

STACER (Standardized Clinical Encounter Report): this is a formal observed history and physical examination performed in January of the third year and is required in order to be eligible to the Royal College certification examinations in pediatrics.

<u>*Formative*</u>:
ABP In-Training Exams: All residents write the American Board of Pediatrics In- Training Exam each summer. The ABP distributes mean scores for each year of training and internal mean scores are calculated each year.

OSCE: Residents participate in multiple Objective Structured Clinical Exams per year. These exams may use simulated patients or parents to test specific residency objectives. Feedback on performance is provided individually to residents on the day of the exam.

Observed H+Ps: Each resident is assigned to a staff person to complete an observed history and physical examination. Cases are appropriate to the level of training. Feedback is given immediately after.

Mini-CEX: In each rotation (except night float and ER), the resident has to fill out a Mini CEX form jointly with their supervisor. This is essentially a mini observed history and/or physical where you and your staff decide what part of the interviewing, physical, or advice section of an examination will be observed and direct feedback will be given. These forms are expected to be transmitted via one45 starting in block 1 (July) 2012 and must be returned to Alessandra, via one45, at the end of each block.

Longitudinal Professionalism Assessment Tool (LPAT): formative feedback from the program director, chief residents and program coordinator on elements of professionalism are discussed at the 6 months review.

Teaching and Rounds

Tuesday: Protected Teaching Time
"Protected Teaching" is on Tuesdays in the fourth floor lecture hall (C-417) from 12h00 to 16h00 and is mandatory for all pediatric residents. These interesting talks are given by subspecialists and generalists, and are intended to cover a wide variety of topics important to pediatricians. The teaching will be broadcast via teleconference to all other teaching sites (RVH, JGH, Gatineau, Ste-Hyacinthe, Val D'Or) so you won't miss anything when you are working at one of these sites. Attendance is mandatory, even if you are not rotating at the Children's.

Tuesday: Chief of Service
Chief of Service rounds are on Tuesdays in the fourth floor lecture hall (C-417) from 12h00 to 13h00. During these rounds, one resident presents an interesting case each week. The format is to interactively review an approach to a clinical problem, focusing on the differential diagnosis and information gathering. The resident prepares a **few** PowerPoint slides in advance to present at the conclusion on a specific aspect of the case.
Note that R1s do not present until after the winter holidays. We make every effort not to schedule you to present when you are not here (e.g., on vacation, post-call, etc.), but mistakes are sometimes made, so make sure you let the chief residents know beforehand if

there is a problem. All R1s should **review the presentation with** the chief residents **2 weeks before the talk.** Attendance is mandatory.

Wednesday: Pediatric Grand Rounds
Pediatric Grand Rounds take place on Wednesday at 08h00 in the amphitheatre on the 1st floor (D-182). The speaker is often a visiting professor, or a member of the McGill faculty who presents recent findings of clinical and research importance. Attendance is mandatory.

Friday: Ambulatory Pediatric Rounds
Ambulatory rounds are in Room E-303 (near the cafeteria) on Fridays from 12h00 to 13h00. These talks are presented by either subspecialists or generalists, and are geared toward topics of interest to general pediatricians. Attendance is encouraged.

Rotations

What you need to know as an R1!

Emergency Medicine

One of the best rotations in terms of scheduling. A great opportunity to get exposure to basic pediatrics and to see complex critical cases. You will be exposed to two types of shifts, medical and surgical. When you get there, ask a staff to review with them and then get started!
This is one of those rotations where you decide how much learning you want to have. You are more than welcome to run to the crash room when a medical personal is called and to help out or just watch for learning purposes. The more complex and difficult cases you decide to see, the more you learn. Great opportunity to hone your differential diagnoses, and to present cases in a concise manner. Don't be afraid to present what you think the problem is and what your plan is, this is the only way to learn.
Also, if a procedure needs to be done, ask to be the one to do it and you will get technical skills as well.
When you aren't scheduled for a shift, make sure you note the teachings (code cases – Tuesday AM, and ER lectures – Thursday AM) and then enjoy your time off relaxing.
Note: There is an exam at the end of this rotation on basic pediatric emergency cases.

Medical Day Hospital

Please note that as of July 2012, none of the current residents have done this rotation; which will replace IACS (ambulatory care) starting September 2102, and therefore we have little advice to give. During this rotation, residents will be working in the Medical Day Hospital, the Intensive Ambulatory Care Unit and all across the hospital on the Pediatric Consult

Service. Most morning, residents will be involved in the follow-up of patients referred from ER. Afternoons will be divided in clinics, consults, and home visits.
Note: You are required to present on a topic so think of one early and start your presentation.

Developmental Pediatrics

This rotation will give you a great opportunity to put to memory your developmental milestones and to get a sense of when a child is falling behind and must be evaluated. There are also a variety of clinics in which you can participate (OT assessment, feeding clinic, gender identity clinic, developmental delay, autism, ADHD etc.).
Note that all clinics tend to consist of large multi-disciplinary teams. So learn as much as you can from the OT, PT, Psychologist, speech therapist, etc. on the team that day. Also, great way to learn what these people actually do in the hospital!
Try to spend a minimal amount of time watching the interviews and try to get involved, the learning experience is greater that way.
Note: You are required to present on developmental topic so think of one early on and start your presentation. They like topics that are recent and of interest to the learning objectives of the residents.

Resident Continuity Clinic

Welcome to your clinic! This is what you make of it. A lot of the patients you start with will have been handed down from Residents who have now left, but many will be new. Don't be afraid to refer interesting cases that you see on the ward or anywhere else to yourself in your clinic. That is the best way to learn and to follow up on patients. But remember this is your time to get exposure to **well baby care, basic pediatrics (vaccines, developmental milestones, health advocacy, etc), and basic medical problems (uti, otitis media, constipation, anemia, etc).** More importantly this is the only chance to work on **preventative medicine**, so learn about the prevention of obesity, preventative security measures (car seats, swimming, helmet usage, etc.).
So keep that in mind when you refer patients to yourself.
Your clinic runs for half a day every other week. There is no clinic when you are on night float or when you are on a rural rotation.
Ensure you show up on time (13h00 – as this is your protected time), and that you keep an eye on the clock during your clinic.
Note: The secretary (Kathy Clark – kathleen.clark@muhc.mcgill.ca) is your best friend, she is the person to go to schedule patients, get their updated numbers, and have a smooth running clinic. If you aren't able to make it to clinic (sick, vacation, conference, etc) let her know please so that other residents or staff are not stuck seeing your patients.

Wards

Welcome to your home away from home!
This is where you will spend 3 months on day ward and 1 month in total as a night float junior.
As an R1 on the ward you will gradually increase your responsibility and change the nature of your role on the ward as the year progresses.

For the **first block**, don't take on the managerial role yet. Get to know your patients well, learn to manage their acute medical issues and their long term planning. Learn also how to navigate the medical system to get tests, services and discharge planning done. These are busy rotations. Take some time to read around your patients but please do not kill yourself getting to know every piece of theory!

For the **second block**, take on less patients. The patients you will take on will be more complex and that'll give you the ability to handle patients with multiple medical issues that usually affect more than one organ system. However, take on more responsibility in the managerial role, by helping medical students, talking to consultants about patients that are not yours, and helping to manage acute situations and participating in the discharge or management meetings of the patients on your team.

For the **third (and last!) block**, you'll find that you may not have any patients, or only 1-2 complex ones. Your role is to be the senior's right hand. Talk to your senior about defining your role, but try to take the team phone and deal with issues and admission that come up. Your role will also include reviewing admissions with the medical students, taking the lead in morning rounds, and overall managing the flow of your floor. Make sure you still review everything with your senior and to recognize your limitations.

Note: Sign in occurs every morning at 08h00 (except Wednesday where it's 07h30) in the Yellow conference room. Sign out should occur to the late team around 17h00. Sign out to the night float occurs at 20h00 in the Pink conference room.
Note: On weekends – sign in occurs in the Blue conference room at 08h00, and sign out in the Pink conference room.

Try to enjoy your time off during this rotation, and not to spend too much time in the hospital. However, note that the days are long and adding in being late junior every other night or so, make for a heavy rotation.

Social Pediatrics

Social Pediatrics consists of a variety of outpatient clinical exposures as well as inpatient child protection consultations. The overall learning objectives of the rotation are to give trainees an appreciation of the social determinants of health and to provide exposure to the special health problems encountered by socially disadvantaged infants, children, and youth. Residents also gain exposure to the evaluation of suspected child abuse and neglect, both

through inpatient consultations and through off-site rotation at Batshaw Family Services. Exposure to the following specific socially disadvantaged populations is provided: children of poverty, children of youth protection and foster care, homeless and chemically dependent youth, and incarcerated youth.
Note: There are self-reflection exercises to be done during the rotation.

Rural Rotations

Gatineau Hospital

Gatineau Hospital is a small hospital that is located 15 mins outside of Ottawa (the Nation's Capital) on the Quebec side. This rotation basically consists mainly of Pediatric Clinics and some exposure to Wards. The schedule is 08h30-17h00, with the clinics being different in the AM and PM. Try to find the clinics you like and to do more of them if you want. You will find that certain pediatricians have more ADHD and social consults, and others have ambulatory medical pediatric clinics. Ask to do more consult clinics, as that will give you more exposure to some basic pediatric cases and great referrals from the community.
The patients are almost 90% francophone, and all notes are written in French.
Lodging is provided and is shared between residents and medical students who are on that rotation at that time. There is Internet access at that home along with a washer and dryer. This apartment is about 10 minutes walking distance from the hospital.
Calls consist of doing one weekend call (Saturday – Sunday), where you come in to round in the morning and then are on call from home for any consults or admissions. There are also 4-5 weekday "home" calls. If you have a busy night there is a call room (next to the clinics) that you can use. If you are called in and spend the night in the hospital (this is rare), let the staff know the next day, as you are legible for a post-call day (they are very good about adhering to this).

There is no need for a car, but if you want to get around it is ideal. Most things are on Maloney Boulevard including a BCBG outlet (for the ladies!). There are also great restaurants on the Ottawa side less than a 15 minute drive, so make sure to go see it.

The contact person is Dr. Dionne King and she will be making your schedule for the month so contact her if you have any questions.
Note: You are required to do a presentation at the end of your rotation. They are looking for a basic pediatric concept and new guidelines or new treatments that are available. Steer clear of deep theoretical presentations and stick to more clinical ones.
Note: If you have a car and driving to the hospital each day there is a parking lot across the street that costs $20/month. Go to first floor and ask the help desk where you can go get this pass.

Val D'Or

Work consists of a mixture of ER consults, in-patient ward, and clinics. Usually there are about five to ten babies in the prem and about five kids on the wards. Often the admissions

are more of the SSU variety (kids with UTI, bronchiolitis, pneumonia). The clinics are often very good community pediatric referrals from family physicians (FTT, constipation, enuresis, etc). There are usually one or two kids each Friday as well for chemotherapy, which is run in concert with either HSJ or us. One also covers the case room 24-7. There is also a chance to go to a local youth detention centre as well as go to Lac-Simon (Algonquin community) with Dr Woods.
Workload is relatively light, compared to the MCH. Most days one is finished by 16h00, and that includes a break for lunch.
There is a two-story building of apartments next to the hospital. One has a bedroom, and the washroom is shared, although one does have their own sink. The kitchen is down the hall and shared with everyone (up to 5) on that particular floor. There is also a room with a TV and a couch, with a DVD player. Bedding is provided. And food, although you have to pay for it, is sort of covered because they will give you a stipend cheque at the end of the month for the cost of transport and for food. Louise Cardinal is the contact person for the administration.
One does not need a car, but it is ideal. Most of the everyday life/needs can be found on 3ieme Av. There is an IGA, and by asking Mme Cardinal, there are gym passes for the Cegep A-T/UQAT campus available. The cross-country skiing is hands-down phenomenal, but demands transportation, as the ski-parc is near the airport. The restaurant scene is small, but there are nice casse-croutes for the joy of hot fries in -30 weather.
Note: You are required to do a presentation at the end of your rotation.

Ste-Hyacinthe

Please note the this is a site affiliated with the Université de Sherbrooke program, which as such requires an early application via the CREPUQ website and is space limited based on availability. Other rural sites may also be available via our other sister Québec programs.
Days are divided between ward duty (pediatric ward and newborn nursery; you would also cover deliveries and ER consults on those days, as well as field consults via phone from outside MDs) and clinics. Clinics include walk-in, ward follow-ups post discharge, general pediatric consults, ADHD, Autism (ADOS evals). Hours usually 08h30-17h00.
Calls are 4-5 weekday home call and one weekend call.
There is an 1 1/2 apartment in the basement of a home available that is 10 minutes by car from hospital. There is parking available at the hospital for you. Good to have a car, but not essential (a bit far to walk to apartment). Lots of stores around, Tim Hortons, grocery stores nearby. We get meal tickets for the cafeteria for when we're on call (food is actually better than the MCH!). The good thing if you have a car (and its not the middle of winter in a snowstorm) is that you can go home every night unless on call. Takes about 50mins if no traffic, up to 1h45mins if traffic.
Workload is slightly less than at the MCH. Internet and reading material are provided. It‘s a good idea to bring the MCH formulary for quick access to prescribing materials instead of looking up every medication in the CPS. You should know how to access the McGill VPN in case you would like to access Internet resources that are not purchased by this hospital.
Note: There is a presentation to do at the end of the rotation. So ensure that you get started early!

Pediatric Intensive Care Unit

Do not feel overwhelmed! This is by far one of the more intensive rotation of the year but also one of the best supported. You are almost never alone on a busy unit or a busy night.
This is an opportunity to learn about acute management of issues. Try not to be bogged down by the rare syndromes that you may see, but rather the associated complications and their acute management.
The fellows on the unit are there for you as backup, make sure that you consult them before making changes to management, ventilator settings, or medications. During your call there is also always a fellow in house or close by, call them for their advice if need be, do not be shy. These are complex patients with acute medical issues (some of which are life-threatening); if you aren't sure, **please call.**

If an emergency situation happens, even though you are in the PICU, you may need to call a code. Please do. Better to have some help right away then to wait.

Also, go to the code pink, even if you don't participate in the management your first few times you learn a great deal from the experience, and it makes the admission note and process easier.
You will be assigned 4-6 patients depending on how busy the ward is and the size of your team, and you are in charge of knowing those patients very well. Know their acute issues and any chronic issues and make sure that you know each organ system well.

Note: The nurses on this ward are the most experienced and the most knowledgeable in the whole hospital. They will help you (and save you) numerous times during this rotation, use their knowledge and their expertise and learn from them!

Neonatal Intensive Care Unit

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Breath! Don't feel overwhelmed! This is by far one of the most patient load heavy rotations. There can be upwards of 20 patients and that makes for a heavy load for each person on the team. Your role is to learn about the acute management of neonatal issues (respiratory distress syndrome, necrotizing enterocolitis (perforated vs non-perforated), cardiac anomalies (pre-op management), hypoxic ischemic encephalopathy, complex genetic syndromes) and about the long-term complex care of some of these patients. Make sure that on the first day you get a good mix of acute and chronic cases to maximize your learning experience.
Please make sure that you talk to your nurses to schedule when you can examine your baby – or else you may not get the chance all day!
On call your back up is the staff. This can sometimes be anxiety provoking, but again they rather you call them for issues then to wait until the morning.
You are also in charge of the transport phone during call, make sure you answer it and jot down the person's name and number. **Always** talk to your staff before accepting a transfer and/or giving final advice. You will be doing one week of Night Float during your rotation.

Note: You will be expected to give a presentation on Neonatal Surgical issues during this rotation, ask what has been done lately and try not to repeat it. Ideally it'll be an interesting case you have seen during your rotation.
Note: There are nurse practitioners on your team. They are more experienced in neonatal issues then we are as residents; use their knowledge and their help to your benefit!

Royal Victoria Hospital

Buy running shoes and get stylish in your scrubs! You will be called to many deliveries and have to manage the acute situation. Therefore, know and hone your NRP skills. Even though you are the R1 if you are comfortable, take the lead and charge of the situation. There will be nurses and RT around to help if you ask them to be.
You will be responsible for numerous babies on the ward with typical neonatal issues (hyperbilirubinemia, medical NEC, feeding intolerance, chronic lung disease, ROP, IVH, etc.). Get to know the management of these typical issues well and all the follow-ups that are needed for each.
Great time to also practice your neonatal exams, but ask your nurses before hand for the best time to do so each day!
Also, great opportunity to learn about counseling families about their newborn and their specific situation and likely outcomes, especially issues around prematurity.
This rotation is another where medical students will be around. Make sure you spend time teaching and helping them with consults. They sometimes have things to teach us as well!
On call you are alone with the RT and nurses (you will have an R2/R3 as backup on your first call). If you are unsure about management talk to a senior (if available) or call your staff. Again you will do one week of night float during your rotation.
Note: You have a presentation about an interesting case you saw, or about new literature. The obstetrical team participates in these rounds, so make it relevant to them.
Note: If you are going to a delivery where you suspect a difficult airway or meconium aspiration if would be in your benefit to take an RT with you. They are vital to you on this rotation. Call your staff if you have concerns or if a premature baby is being delivered.

Jewish General Hospital

Keep your running shoes for this rotation. The outline is basically the same as the Royal Victoria Hospital.
For back up for difficult cases in the caseroom, there is a Code Lavender team, which consists of an RT, charge nurse and you. Please note that an Anesthesia Staff is your back up at any time until the neonatologist staff arrives.
During this rotation it may seem that you are left with a lot of responsibility; however, make sure you notice your limitations and ask for help, especially from the staff, as they are your primary back up. This is the best way to care for your patients.
On call note that the OR is 2 floors down and not on the same floor as during the day. Therefore, keep that in mind when you have multiple calls during the night. Your backup at night is your staff. Please call if any acute issues occur or any baby is going to be delivered with a known cardiac issue or under 32 weeks gestation.

Note: You have a presentation on management of acute neonatal issues. Note that medical students also present, so yours has to be more in-depth and about new treatment protocols or procedures.

Anesthesia

Great opportunity to learn airway management and IV placement in a controlled setting. Use this to your benefit. Ask to be placed in ORs that have many short cases so that you may do multiple intubations and IVs during the day.
You are in charge of pre-op assessments so know what that entails (previous anesthesia, previous surgeries, **weight, last PO, allergies, family history with anesthesia,** and basic exam).
If you are interested you can ask to learn about pain management and participate on the Acute Pain Service.
Note: The best advice is to talk to the fellows and staff when you get in the room and introduce yourself and your objectives. They will help you achieve them.

Ward Junior Night Float

As per the ward your responsibility on night float will change as the year goes on. On your first two-week rotation your responsibility is to deal with issues on the ward as they come up and to do admissions and review them with your senior.
The best way to get involved is to write your name and the number of the spectralink phone that you are taking for the night on the blackboard on either side of the ward so that they call you with any issues. If you are unsure of the management discuss with your senior.

On your second two weeks you will be expected to take care of more of the ward issues and likely to review admissions done by the medical students. It is always a good idea to "act" as senior your last few days to make the transition to senior night float easier.

Note: In the mornings the sign out should be in iSBAR format, however, this may not always be the case depending on the staff involved. However, as the junior you should present your cases and the cases you reviewed to gain experience in the hand over process and to learn from your admissions.

Note: There are always people in the hospital to help you, first off there is always your senior, however, if a question comes up you can always ask the ER staff or the fellow in the PICU. If you are in a critical situation and need help, don't be afraid to call a code pink.

Mentorship Program

It is sometimes hard to decide what we want our future career to look like. During your residency, you will have many opportunities to get in touch with many different staff, all of them with different background, experiences and practices. You should take the best of each staff/resident you will work with to create your own way of practicing pediatrics.

You also strongly encourage you to find a Mentor to support you through your entire residency. It can be someone you value for their personality, their career, their personal experiences or goals. This relationship should be made explicit with the person you want as your Mentor. It will be an honor for this person to help you with any question you have. This could also be an opportunity to spend some time talking about research projects, career opportunities, personal goals, or even difficulties that might arrive during residency. You should also let your program director know about whom you chose as your Mentor. The staff are all aware of this project and have been great at accepting and acting as a mentor to the Residents.

Big Sibling Program

One day, you have to be co-signed for a prescription of acetaminophen and the next day you find yourself prescribing morphine for one of your patient. The step between medical school and residency can sometimes be quite challenging, especially if you come from different university, province or even country.

This is why the Big Sib program exists. Before starting residency, you have been assigned randomly to a more senior resident who could help you with so many different things, like where to live, how to survive during on call nights in NICU, how to prepare yourself for different rotations, who can help you if you have some issues, and so many other things that could come to mind. Don't feel shy to contact your Big Sib as much as you want for as many questions as you have. These people have accepted this role because they care about helping you and they want to ensure that your transition through residency will be as smooth as possible. We encourage you to share your contact information with that person as soon as you can because some questions might arrive even before July 1st.

Electives

This section will not highlight the duties and responsibilities that come with each elective. Instead it will highlight what is available to you.

ELECTIVES			
	Adolescent Medicine		Infectious Diseases
	Allergy/Immunology		Pediatric Surgery
	Cardiology		Nephrology
	Endocrinology		Neurology
	Gastroenterology		Respirology
	Genetics		Rheumatology
	Hematology		Clinical Epidemiology Course

Think about your electives early and decide which ones you would like to do earlier on. The ones you do earlier on should be in the field that you may be interested in doing your fellowship. Therefore, giving you the chance to solidify your choice prior to CaRMS.

What to Study

Studying is a challenge during residency. With long work days, sleepless nights on call, seeing family and friends, staying in shape and other extracurricular activities, it's nearly impossible to find time to sit down and read something. The main source of learning in residency is clinical encounters, bedside teaching, Tuesday afternoon teaching, and Grand Rounds, so pay attention! Here are a few tips on how and what to study during residency (for standardized board exams see sections on LMCC and USMLE):

1. Nelson's Textbook of Pediatrics ("Big Nelson").
2. Neonatology by Gomella. A must for your NICU rotation.
3. Harriet Lane and Sick Kids Handbooks are useful but not necessary to buy.
4. Each resident gets a free copy of the Red Book, which is also available, online through the McGill VPN. It's a great resource for Pediatric Infectious Diseases.
5. Before starting a rotation, review the Royal College objectives, and read the Pediatrics Secrets, Nelson Essentials of Pediatrics ("Baby Nelson") or PREP chapter on that specialty.
6. Read around your cases. This is probably the best way to learn something (besides actually teaching what you learned, which comes when you're night float as an R2). The best resources are: Nelson's (available on MD Consult at home through McGill VPN), UpToDate (available at any McGill computer). Try not to have too many sources. Stick to the one or two that work well for you.
7. In terms of general pediatrics reading, it generally doesn't stick if you're just reading a random topic. However, as members of the AAP, we get a monthly subscription to Pediatrics in Review, which has about 4-5 easy to read topic reviews and interesting mystery cases. Try to read this every month.

8. Try to organize study groups with fellow residents in your year. Choose 2 people to present a topic to the rest of the group once per month. It's a non-stressful and fun way to keep up to date.

Exams

MCCQEII

An OSCE type exam taken in October of R2 in either English or French. Consists of a series of OSCE stations focusing on mostly family, internal and emergency medicine, with a small amount of pediatrics and obs/gyn. Tests your ability to take a history, perform a physical exam, provide counseling or manage an emergency situation. There is a large bank of previous scenarios with answers available. Just ask the residents who have already taken it. Most residents study for about 2 weeks including one week of study leave, although many have done just fine without any study leave. They just started studying a bit earlier. Get together in study groups to go over the scenarios. Here's where to find more details: www.mcc.ca.

USMLE

Required to gain a license to practice medicine in the USA. A common evaluation system used by individual licensing authorities ("state medical boards") in order to evaluate one's qualification for licensure. Each State puts different weight on the importance of this exam. It is best to check with each individual State to which you are applying.

Step 1: A daylong multiple-choice exam to test basic science knowledge. Can be anytime although traditionally after second year of medical school

Step 2 CK: A daylong multiple-choice exam of more clinical-type questions Can by anytime although traditionally after 4th year of medical school at the same time as the MCCQE part 1 since it is very similar content.

Step 2 CS: Uses standardized patients to test medical students and graduates on their ability to gather information from patients, perform physical examinations, and communicate their findings to patients and colleagues. In the US, it is written right before graduation from medical school. In Canada, most do it sometime during residency before applications for US fellowships go out (Fall of second year). Most try to write it at the same time as the MCCQE part 2 since they are very similar exams. You have to travel to one of 5 US cities to write this exam.

Step 3: Combination of multiple choice questions and computer based case Simulations. In the US, it is written after first year of residency. In Canada, it is written at some point before finishing residency.

ROYAL COLLEGE EXAM

An examination taken in 4th year of training to be certified as a Fellow of the Royal College of Physicians and Surgeons of Canada. The Royal College is not a licensing body. It is an organization that ensures high standards of training for specialists in Canada. Exam usually taken in the Spring of R4. The written component, consisting of about 150 MCQs and 60-75 short answer questions is expected to take place in early April, while the oral component i.e. OSCE, which usually has 10 stations, is expected to be scheduled in late June, as of 2013.

AMERICAN BOARD OF PEDIATRICS EXAM

The ABP is an organization, which, like the Royal College, is dedicated to promoting high level of practice and professionalism. Exam taken after R3. So you can get your unrestricted US license after 3 years of training and write your ABP exam at the same time as your Royal College Exam and only have to study once!

Oacis

Orderables

During your residency Oacis will be changing in order to move towards electronic medical records. So please be patient with the Oacis team and let us know when things aren't working so that they may get fixed in a timely fashion.

Currently the orderables are:

a) Imaging
b) Interventional Radiology
c) Neurophysiological studies
d) Diet Orders
e) Transfusions
f) Pulmonary Function Tests

As new things get added the teams will be made aware and we will all go through the transition period together.

How to create a list

1. Login to Oacis
2. Select "Patient List" in the upper left corner
3. Select "Select Patient List" from dropdown menu

4. Select "User Defined" from the list displayed under the "System patient lists" tab.
5. Then clinic on the icon with a person and + sign to add patients and save your list

How to see your appointment list

1. Login to Oacis
2. Select "Patient List" in top left corner
3. Select "Patient Search" in dropdown menu
4. Select "Scheduled" from the list displayed under the "System patient lists" tab
5. Make sure your name ("RCC/your name") is selected in the selection parameters section near the bottom of the window.
6. Select the date of your RCC under your name
7. This will display a list of your RCC patients including those that have been booked on the date you selected. If you haven't already created an RCC roster, only the patients booked on the date you selected will be displayed.

Groups/Clubs

Here is a list of the available Groups and Clubs that you may join in order to give back to our pediatric community!

Booxie Committee
The Booxie is a resident's initiative, which promotes literacy and more specifically health literacy in children. Residents work closely with the MCH health literacy committee and are involved in the literacy day.

Code Pink Committee
Monthly meeting with PICU, ER staffs, RT and administration during which all MCH code pinks are discussed. The goals of this committee are patient safety, quality assurance & improvement. Resident input is much valued as we take part or run most of code pinks.

Infection Control Committee
Monthly meeting with infection control nurses and physicians to discuss prevention of infectious diseases, major outbreaks, etc. Residents with an interest in ID should be part of this committee.

International Health Committee
The goal of this Committee is to make residents aware of pediatric global health issues, to ensure basic training is provided on those issues. Its future goals include developing projects or collaboration for international electives.

Journal Club
Twice monthly, residents meet to discuss one pediatric in review article. You may be involved by organizing, hosting sessions or presenting a good article.

OACIS Resident's Representative
Residents work closely with the tech team in charge of Oacis to give feedback on the new orderables as they go live. There are once a week meeting during the launch and a few after to discuss problems and to help trouble shoot them.

Resident Continuity Clinic Committee
Residents work closely with Dr Catherine Henin and all RCC preceptors to discuss the learning objectives of the RCC and to review its curriculum. An upcoming projects is to develop a selection of physical examination videos for the residents.

Residency Training Committee
This Committee is held monthly and reviews the curriculum, residents' issues and specific concerns of various rotations. There is one resident representative for each year of training.

RHALY Committee
The "Residents for Healthy Active Living in Youth" initiative was created at the 2010 Pediatric Resident's Retreat. Its goal is to promote healthy eating habits and active lifestyle in youth. Residents have created an information pamphlets for patients and their families, posters about the topic and a prescription for healthy active living. Future projects include the organization of the HAL day in the new upcoming academic year.

Wellness Committee
This committee promotes wellness among the Residents. Organizing pizza nights, dinners, activities, etc. helps increase cohesiveness among the residents. The committee also acts as a resource to residents, helping the residents go through their training while maintaining a balanced life style. And, updates the survival guide for the upcoming year!

YMCA Initiative Committee
The residents involved in this initiative are responsible to coordinate presentations for refugees on a monthly basis. These presentations give information about health care and resources in Canada. With the new regulations, much work will be needed to help answer questions and advocate for refugees.

Vacation

Vacations: 4 weeks of paid vacation is permitted per year. An additional holiday period is granted over Christmas and New Years.
Conference leave: Up to 10 days of paid leave is permitted for attendance at approved medical conferences. $750/academic year of funding is available to each resident to attend

medical conferences. Must provide original receipts. Funds are not carried over to the next academic year. You can carry over conference days to the next academic year if they are not used.
Study leave: Up to 7 days of paid study days are given. Can carry these over to the next year.
Sick/Personal days*:* Up to 9 days of unpaid sick/personal days are permitted.
Stat days*:* If you work on a stat day (i.e. labour day), you are entitled to either 1) take a paid personal day in the future or 2) get paid 3 times the usual rate
Wedding leave: If you plan on tying the knot during residency, you are entitled to an additional 2 weeks off for wedding leave; 1 week paid and 1 week unpaid.

Helpful Tips

On Call Tips

1. Bring Food
In the hospital there is very limited food after midnight. You can always find juice, crackers, and cheese in the Resident's lounge and at times some left over sandwiches. But generally speaking, there is little option. So bring your own food, and more importantly bring small snacks that you can carry with you and grab quickly and eat.

2. Make an On Call Bag
I suggest having a small toiletry bag ready for your calls at home or in your locker that you can quickly grab and go. Suggestions for the bag are, toothbrush, toothpaste, wash cloth, face wash, deodorant, and if you wear glasses or contacts: contact holder and glasses cleaner.

3. Sleep
The best tip is to sleep when you can. This means if you are done your admissions and reviewing, ask at the nursing station if there is any other issues and then go sleep. Make sure you have your spectralink and pager on you at all times in case your help is needed again. There is no shame in sleeping while on call so long as you get your work done. Also remember that if you do an admission that you go re-check on your patient at some point during the night.
If you do get to sleep, set an alarm! You don't want to be late for sign out.
On 9D or 9C make sure you wake up at least 1.5 to 2 hours before sign out so that you can check all the labs and XRays before the team gets there.

4. Help
You **ALWAYS** have help in the hospital when you are on call. Please don't hesitate to use them. There is always a resident on 9C, 9D, ward, and ER. There is usually a fellow on 9D as well. If you are stuck remember there is always a staff and a senior resident in the ER as well.
Basically, you are never alone. And, as mentioned earlier, you can call for a code pink, at all times if you need urgent extra help!

5. Time management/Organization

At night, it is much calmer than during the day in terms of people presence, noise and things to be done. Although, sometimes, it can get very busy especially if you are the night float senior on the ward and you need to deal with some issues regarding the patients on 8D or even new admissions on 8D. The take home point here is to be able to prioritize what needs to be done first. You can use a list of things to do not to forget anything, but remember that the goal of the night is to deal with acute issues. You can always leave things for the daytime team if it's not urgent for now and you were super busy all night. Also, for 9C and 9D, make sure you follow all tests that were asked for the night (including CBG, Chest X-ray, weight, ins/outs, …).

This is possibly on of the most important things you will learn during your night float, how to prioritize your time and to manage a busy ward. The distinction between things that must be done right away and things that can wait is a skill set that will come in handy for the rest of your career.

And don't forget to update the services lists for the daytime team and to help you remember important issues to pass on at sign over.

Also, make sure you send the medical students on call home not too late, because they have to come back to work the next morning.

Random Things to Know

1. Resident Lounge

Code: 3125

Here is a place that you can go and relax at any time. Therefore, keeping that in mind, please turn your pagers off or take them home and not leave them in your lockers. That way it won't go off and bother others that are using the room.

At lunch you can always find a few residents here to talk and socialize with. We are after all, all in this together.

2. Vacation

If you haven't already, book a vacation earlier on in your Residency, somewhere before Block 5. You may think you have a lot of energy after relaxing post Med4 but Residency will take a toll. Therefore, take an early vacation, or make a long weekend somewhere with a personal day or stat day and spend some time far away from the hospital.

For each of your vacations make sure you dissociate with your work, don't come into work to check on things, finish everything up before you leave and go have fun.

3. Make Time

Most of you already know this, but no one gets through Residency alone. Your family, significant others, and friends will be your backbone and your support, as they were during Medical School. So make time to show your appreciation and give back. If there is a big family event, ask for that time/weekend off, if it is your anniversary or any other big day ask for that time off. These people are important to you and therefore, make sure they know that.

4. Weekdays
Sometime a single week can seem to drag on forever, days are long, the work is hard, and you feel like you are constantly running. A simple suggestion would be that when you get home spend 1/2h-1h doing something you like. This could be watching a good show, reading something non-medical, head-bobbing to a good album, etc. That way it won't seem like you go to work, then come home only to sleep and gives you something to look forward to at the end of a crazy day!

Sustaining Wellness

Residency is hard. There will always be easier rotations and harder rotations, but the key to having a good time and not being overwhelmed is to sustain your wellness.
This means the following:

1. Accomplishments
Sometimes it's hard to feel like we accomplish anything on our own, but we do almost every day. The problem is that no one will be there to pat you on your back when you make a good diagnosis, or put in place a treatment regimen that makes a patient better. You have to recognize your accomplishments and take a moment to congratulate yourself. A sense of accomplishment and autonomy at work makes for better work satisfaction.

2. Speak Up
Studies have shown that passive aggression towards something that is causing you distress only leads to more pent up anger. Therefore, if something happens that makes you uncomfortable speak up. Tell one of the chiefs, a fellow resident you trust, or make a one45 note. Keeping it all bottled up won't help you, and letting others know may in fact lead to change! Just make sure you step away from the acute situation, calm down, and then come to speak, that way there will be no regret and things will be handled in a more professional manner!

3. Debriefing
If you are faced with a difficult situation (difficult encounter with parents, death of a child, and miscommunication with a staff …), please make sure not to keep it for yourself. Go get some help from social workers, nurses, other residents, staffs. It is essential to be able to vent your feelings with your colleagues because it can sometimes be very invasive in your thoughts, especially if you were involved in the situation. Also, sometimes it is hard to speak about these feelings to someone who doesn’t understand because he was not involved in the situation or don’t work in the medical field (husband, family, …). This is when all the team needs to support each other.

4. Work/Life Balance
We have all heard this term before, but it is easier said than done. This means different things to different people. So when it come to life balance look first to yourself and what you want to accomplish and then to others for examples. For some of you this may mean daily exercise, spending time cooking, or reading. But basically it means find things *outside* of

medicine that give you a sense of joy and accomplishment and make time to do those. Don't make your whole life revolve around just Residency. We want you to enjoy your time at the MCH, but we also want you to be well rounded as a person.

5. Suggested reading
"Staying Human During Residency Training" by Allan D. Peterkin
Here is a book that is essential for all residents who want to succeed during their residency training. It talks about everything from on call nights to how to pass time with your loved ones.

Where to get help

If you are in trouble and feeling overwhelmed, there are lots of places to get help.

Internal Sources

Program Director: Dr. Richard Gosselin: 514-412-4475, 514-406-0992
Pediatric Chief residents: 514-406-2084 & 514-406-2077
Mentors and other Physicians
Pastoral services
Other Residents!

External Sources

QPHP - Quebec Physicians' Health Program

A discreet and confidential health program designed to help physicians, residents, and students that are in difficulty. Hours: 9:00 a.m. to 4:45 p.m. After working hours and on weekends, an on-call physician is still available.
E-mail: info@pamq.org **Tel.:** (514) 397-0888 or 1 800 387-4166

FMRQ – Fédération des médecins résidents du Québec

The FMRQ is an organization bringing together and advocating on behalf of Quebec's medical resident associations.
E-mail: johanne.carrier@fmrq.qc.ca (Johanne Carrier)

McGill Nightline

A confidential and anonymous listening, information and referral service

Tel.: 514-398-6246
The line is open 6 p.m. to 3 a.m. throughout the school year.

Crisis Hotlines

Suicide Action Montreal
Tel.: 514-723-4000
24-Hour Service

Drug and Alcohol Help Line
Tel.: 514-527-2626
24-Hour Service

Last Words

Welcome to your life as a Resident, there will be many highs and lows, but we hope that overall you will find your experience rewarding and fulfilling.

Every day you will be faced with new challenges and new opportunities for growth. We are all here to help you overcome those challenges and to learn from the unique perspective each of you bring to our program.

From Residents old and new, Welcome to the MCH! We hope you feel like part of our little family and we can't wait to get to know you all better.

CONGRATULATIONS DOCTORS!

Sincerely,
McGill Pediatric Wellness Committee